



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION

P.O. BOX 1806
CONCORD, NH 03302-1806

603-271-5610 FAX: 603-271-5639
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William L. Wrenn
Commissioner

Bob Mullen
Director

Date Posted: 1/29/2010

Request for Proposals (RFP)
Terms and Conditions

Re: RFP Title: Inpatient and Outpatient Hospital/Medical Services

RFP Number: NHDOC 10-08-GFMED

RFP Due Date: 4/2/2010, **no later than 2:00PM, EST**

RFP Service Region: Northern Area: Northern Correctional Facility (NCF) Berlin, NH, Concord Area: NH State Prison for Men (NHSP-M) and Secure Psychiatric Unit (SPU), Concord, NH and Southern Area: NH State Prison for Women (NHSP-W), Goffstown, NH

NH Department of Corrections Mission Statement: *Our Mission is to provide a safe, secure, and humane correctional system through effective supervision and appropriate treatment of offenders, and a continuum of services that promote successful re-entry into society for the safety of our citizens and in support of crime victims.*

This mission is supported through contracts with non-profit corporations; public corporations; public agencies (agency or department of municipal, county or state government); or by private proprietorships, partnerships, or corporations; or a consortium of public, non-profit, and private entities, that are awarded contracts through the State of New Hampshire Request for Proposals (RFP) process. These entities are herein after known as the "Vendor," "Contractor," or "Bidder."

A. TERMS, CONDITIONS AND PROCEDURES FOR SUBMITTING PROPOSALS

1. Brief Description:

Attached is a Request for Proposals and Contract format for providing Inpatient and Outpatient Hospital/Medical Services and optional professional medical services for the Northern, Concord and Southern area for the New Hampshire Department of Corrections (herein known as the "NHDOC," "State," "Corrections," or "Department"). This RFP is designed to be in compliance with RSA 623-C:2 as amended by Senate Bill 185 during the 2009 session. The Contract(s) awarded by the NH Department of Corrections as a result of this RFP is expected to be effective for the period beginning 7/1/2010 through 6/30/2012 with an option to renew for one (1) additional period of up to two (2) years only after the approval of the Commissioner of Corrections and the Governor and Executive Council (G&C) of the State of New Hampshire.

2. Vendor Conference:

The NH Department of Corrections will hold a non-mandatory Vendor's Conference with all prospective Vendors for the purpose of answering any technical questions related to the services requested and/or to the requirements of the RFP. This Vendor Conference will be held on **3/19/2010 at 10:00AM EST, at the NH Department of Corrections, 4th Floor Conference Room, 105 Pleasant Street, Concord, NH 03301.**

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- 2.1. The purpose of the Vendor Conference is to:
 - 2.1.1. request clarification of any section of the RFP;
 - 2.1.2. request changes to the RFP of requirements considered so restrictive as to prohibit or discourage responses;
 - 2.1.3. offer suggestions or changes to the RFP which could improve the RFP competition or lower the offered price;
 - 2.1.4. review any applicable documentation.
- 2.2. Non-attendance to the Vendor's Conference **does not** prohibit Bidders from submitting proposals as this is a non-mandatory or optional Vendor's Conference.
- 2.3. RSVP to attend the Vendor's Conference:
 - 2.3.1. Vendors are requested to RSVP, **in writing to:** Attn: Medical Operations Administrator via US Mail, fax or e-mail, see below for contact information, by 3/12/2010 indicating the number of individuals (maximum of two) who will attend the Vendor Conference;
 - 2.3.2. the document to be used to RSVP your attendance is the last page of this RFP.

3. Facility Tours:

After the determination of the award, Vendor(s) may request Facility Tours of the NH Department of Corrections upon a mutually agreed upon time and date between the NH Department of Corrections and the Vendor(s).

4. Proposal Inquiries:

An individual who is authorized to commit the organization to provide the services necessary to meet the requirements of this RFP must submit all inquiries.

- 4.1. Inquiries shall be received no later than 2:00PM EST, on 2/19/2010.
- 4.2. Answers to all written inquiries received will be posted on the NH Department of Corrections website: <http://www.nh.gov/nhd/doc/business/rfp.html> on or prior to 2/26/2010.
- 4.3. All inquiries concerning this RFP shall be made in writing, citing the RFP Title, RFP Number, Page, Section, and Paragraph, submitted to:

<p>NH Department of Corrections Attn: Medical Operations Administrator P.O. Box 1806 Concord, NH 03302-1806 Tel (603) 271-5665 Fax (603) 271-5639 jleeka@nhd.doc.state.nh.us</p>
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5. Last Date for Vendor Inquiries:

Inquiries shall be received no later than 2:00PM EST, on 2/19/2010. Inquiries received after this date and time shall be addressed only if they are deemed by the NH Department of Corrections to be critical to the competitive bid process. An official written answer shall be posted on the NH Department of Corrections website to all questions meeting these requirements.

6. Last Date for Letter of Intent:

Letter of Intent to RSVP to attend the Vendor's Conference is located as the last page of this RFP.

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7. Specifications:

Vendors must submit proposals as specified. Vendors shall be notified in writing if any changes to proposal specifications are made. Verbal agreements or instructions from any source are not authorized.

8. Proposal/Format Submissions:

- 8.1. Please submit **one (1) original** complete proposal for each regional area bid submission: Northern Area: Northern Correctional Facility (NCF) Berlin, NH, Concord Area: NH State Prison for Men (NHSP-M) and Secure Psychiatric Unit (SPU), Concord, NH and Southern Area: NH State Prison for Women (NHSP-W), Goffstown, NH signed and initialed as appropriate on each page in **blue ink**. The original copy must be typed or clearly printed in **black ink**.
- 8.2. In addition, submit **two (2) photocopies** and **one (1) CD** (MS Word, MS Excel format only) of the proposals.
- 8.3. Each regional area bid submission shall provide all services as specified in Exhibit A, Scope of Services, pages 1 through 9.
- 8.4. Proposals that are not complete or unsigned shall be considered "technically non-compliant."
- 8.5. Proposals received after the deadline shall be considered "technically non-responsive." The prospective Vendor shall be so notified by the NH Department of Corrections, and the proposal shall be sent back to the prospective Vendor unopened and unevaluated.
- 8.6. Proposals **must be sealed** or they shall not be accepted.
- 8.7. **Do not staple** any part of the proposals. **Do not use three (3) ring binders** for any part of the proposals.
- 8.8. Please use only binder clips to secure and/or separate sections of the proposals.
- 8.9. **Sealed proposals shall follow the sequence of the Proposal Check Sheet.**
- 8.10. Absence of any documentation identified in the Proposal Check Sheet may be considered "technically non-compliant."
- 8.11. Proposals shall be submitted by the prospective Vendor and received by the NH Department of Corrections no later than 2:00PM, EST on **4/2/2010** to be considered.
- 8.12. All corrections **shall be initialed** by the prospective contract signatory. The use of **correction tape shall not** be used on any contract documents.

9. Submission Criteria:

- 9.1. Proposals that are not complete or unsigned shall not be considered. Any proposal received after the deadline shall be considered "technically non-responsive" and the Vendor will be so notified by the NH Department of Corrections.
- 9.2. If submitting proposals for more than one NH Department of Corrections area, submit each different bid submission as described in Section 8, Proposal/Format Submissions.

10. Document Alterations/Changes/Omissions:

It is unlawful to make any alterations to the text or format of this document, or the text or format of any addendum, or attachment to this document. A signature on the Cover Sheet of the person authorized to legally bind the Vendor to the terms of this RFP signifies that no alterations have been made to the original text or format of this RFP. Any alterations made to the original text of this document may result in the proposal being considered "technically non-compliant."

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11. Evaluation Criteria/Procedural:

- 11.1. Proposal(s) shall be subject to a procedural review by the Contract Administrator prior to any other evaluation review to ensure the proposal(s) submitted:
 - 11.1.1. conform to instructions and format contained within the RFP;
 - 11.1.2. is properly executed and complete; and
 - 11.1.3. contains all required supporting documentation.

12. Other Contractual Documents Provided by the NH Department of Corrections:

The State Long Form Contract, form P-37, version 1/09, the Alternate W-4 and the Certificates of Vote/Authority are located as a separate link on the New Hampshire Department of Corrections website: <http://www.nh.gov/nhdoc/business/rfp.html> to be completed by the prospective Vendor.

13. Labeling and Addressing the Proposal for Submission:

Please clearly mark the outside of your envelope *Inpatient and Outpatient Hospital/Medical Services (NHDOC 10-08-GFMED)*. Proposals must be received the Acting Contract Administrator, PO Box 1806, Concord, NH 03302-1806 or hand delivered to Room 329, on the third (3rd) floor of the Main Building of the Governor Gallen State Complex, 105 Pleasant Street, Concord, NH no later than **4/2/2010 at 2:00PM EST**, to be considered.

14. Cancellation:

The NH Department of Corrections reserves the right to accept or reject any or all proposals and to cancel this RFP in whole or in part upon written or published notice of intent to do so. Financial responsibility for preparation of proposals is the sole responsibility of the Vendor.

15. Financial Commitment:

Financial commitment by the NH Department of Corrections shall not occur until such time as the Governor and the Executive Council of the State of New Hampshire approve a Contract.

16. Rejection of Proposal(s):

- 16.1. Proposals may be rejected at any time at the discretion of the Director of Administration if the Vendor:
 - 16.1.1. has any interest that shall, in the sole discretion of NH Department of Corrections, conflict with performance of services for the State;
 - 16.1.2. fails to demonstrate to the satisfaction of NH Department of Corrections that it is in sound financial condition;
 - 16.1.3. fails to make an oral presentation if requested by NH Department of Corrections at a time, place, and in a manner satisfactory to NH Department of Corrections; and
 - 16.1.4. fails to reach agreement with NH Department of Corrections on any and all contract terms.

17. Other Remedies for “Technically Non-Compliant” Proposals:

- 17.1. The NH Department of Corrections, in its sole discretion, may determine that non-compliance with any RFP requirement is insubstantial. In such cases the NH Department of Corrections may:
 - 17.1.1. seek clarification;
 - 17.1.2. allow the Vendor to make corrections; or,
 - 17.1.3. apply a combination of the two remedies.

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18. Addendum(s) and/or Amendment(s) to, or Withdrawal of the RFP:

- 18.1. If NH Department of Corrections decides to amend or clarify any part of this RFP, a written amendment shall be provided to all Vendors on the NH Department of Corrections website: <http://www.nh.gov/nhdoc/business/rfp.html>.
- 18.2. The NH Department of Corrections, at its discretion, may amend the RFP at any time prior to the award of a Contract and/or terminate this procurement in whole or in part at any time.
- 18.3. The NH Department of Corrections at its discretion may request clarification from a Vendor of a proposal submitted.
- 18.4. Whereas the Department may modify the RFP and as a result of a modification the Department believes that Vendors will not have enough time to effect changes necessary to their proposal(s) prior to the Proposal Due date listed in Table 31.1., the Department may postpone the Proposal Due date for a period of up to thirty (30) days in the best interest of the State and/or to allow for fairness in the competitive bidding process. Notice of this postponement shall be posted on the NH Department of Corrections website with the RFP prior to the Proposal Due Date listed in this RFP.

19. Proposal Submission:

- 19.1. Prospective Vendors shall comply with instructions as specified in the Terms and Conditions of the RFP, submit all documents with the Proposal as identified in the Proposal Check Sheet, and ensure **sealed** offers are received by the date, time and location identified herein.
- 19.2. The Vendor is cautioned that their proposal shall be subject to acceptance by the NH Department of Corrections without further clarification.

20. Competition:

The NH Department of Corrections encourages free and open competition among Vendors. Specifications, proposals and conditions are designed to accomplish this objective, consistent with the NH Department of Corrections needs and guidelines.

21. Collusion:

The Vendor's signature on a proposal submitted in response to this RFP guarantees that the prices quoted have been established without collusion with other eligible Vendors and without effort to preclude the State of New Hampshire from obtaining the best possible competitive proposal.

22. Disclosure of Sealed Proposal:

A Vendor's disclosure or distribution of proposals other than to the NH Department of Corrections shall be grounds for disqualification.

23. Oral Presentation:

Prior to the determination of the award, Vendor(s) may be required to make an oral presentation to clarify any portion of their response or to describe how the service requirements shall be accomplished. Vendor finalists may be asked to conduct the presentation at a time period designated by the NH Department of Corrections.

24. Terms of Submission:

All material received in response to this RFP shall become the property of the NH Department of Corrections and shall not be returned to the Vendor. Regardless of the Vendor selected, the NH Department of Corrections reserves the right to use any information presented in a proposal. The

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proposal content that makes up the Vendor's awarded Contract shall become public information upon approval of the Governor and Executive Council of the State of New Hampshire.

25. Vendor Responsibility:

The successful Vendor shall be solely responsible for meeting all terms and conditions specified in the RFP, their proposal and any resulting contract.

26. Evaluation and Award of Contract:

- 26.1. The NH Department of Corrections has approved this RFP for issuance. The RFP process is a procurement option allowing the NH Department of Corrections to award a contract(s) based upon the evaluation criteria established by the NH Department of Corrections.
- 26.2. Upon review by the NH Department of Corrections and approval by the Governor and Executive Council, the signed Contract shall become valid.
- 26.3. The NH Department of Corrections, may, upon determining that no satisfactory proposals have been received for these services, negotiate with a successful applicant for a related service to include that particular service as part of the service package and/or issue another RFP for that particular service.
- 26.4. Evaluation of proposals shall be based on evaluation criteria established by the NH Department of Corrections.

27. Liability:

The NH Department of Corrections shall not be held liable for any costs incurred by the Vendor in the preparation of their proposal, or for work performed prior to Contract issuance.

28. Best Interest of the State:

If the NH Department of Corrections determines it is in the best interest of the State, it may seek a "*BEST AND FINAL OFFER*" from Vendors submitting acceptable and/or potentially acceptable proposals.

- 28.1. The "*BEST AND FINAL OFFER*" would provide Vendor's the opportunity to amend or change its original proposal(s) to make it more acceptable to the State. The NH Department of Corrections reserves the right to exercise this option.
- 28.2. The "*BEST AND FINAL OFFER*" shall provide the NH Department of Corrections the opportunity to modify volume indicators and cost categories, if applicable, identified in Exhibit B of the RFP. Such request of the New Hampshire Department of Corrections would provide the Vendor(s) the opportunity to amend or change its original proposal to make it more acceptable to the State. The NH Department of Corrections reserves the right to exercise this option.

29. Proposal Review and Evaluation Criteria:

- 29.1. The NH Department of Corrections shall conduct an objective review of the proposal(s) received in response to this RFP process. The evaluation shall be based on the prospective Vendor's ability to meet the specifications of the RFP and the demonstrated capabilities of the prospective Vendor in relation to the needs of the services to be provided as set forth in this RFP.
- 29.2. The NH Department of Corrections shall award a contract(s) based on the calculation of expected total cost of estimated services to be provided including estimated internal NH Department of Corrections transportation costs and rate adjustments, ability to provide services, and the organization's financial stability, resources and capabilities. The NH

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- Department of Corrections will also consider the diversity of specialty services available by the prospective Vendor as well as access and rates associated with specialty services.
- 29.2. Organizations must provide proof of being licensed in the State of New Hampshire and be currently, fully certified or accredited by Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Centers for Medicare and Medicaid Services (CMS) and or the Alpha Omega Alpha Honor Medical Society (AOA) .
- 29.3. The NH Department of Corrections reserves the right to accept or reject any proposal and to waive any minor irregularities in any proposal.
- 29.4. The NH Department of Corrections reserves the right to select one or more Vendors in order to adequately service the geographic area defined in Exhibit A, Scope of Services.

30. Written Narrative and Description of Evaluation Criteria:

The NH Department of Corrections is seeking prospective Vendors for Inpatient and Outpatient Hospital/Medical Services and optional medical services for the service areas as specified in Section One (1), Brief Description, Terms and Conditions and for services as specified in Exhibit A of this RFP. It is important that the prospective Vendors demonstrate a sound presence in the market, capability to provide requested services, and long term viability judged by financial stability.

- 30.1. Prospective Vendors shall provide a concise one (1) to two (2) page written narrative in the form of a Cover Letter, on the organization's letter head, identifying the following information: Ability to Provide Services, Financial Stability, Organizational Resources and Capability.
- 30.2. Evaluation Criteria:
- 30.2.1. Total Estimated Cost
- for the "*Best Interest of the State*" the total estimated cost shall carry the most weight under the Proposal Review and Evaluation process;
 - specialty services available by the prospective Vendor as well as access and rates associated with specialty services;
 - rate adjustments.
- 30.2.2. Ability to Provide Services
- ability to provide immediate services upon an approved contract by the Governor and Executive Council;
 - credentials and correctional experience demonstrated through qualifications/ licensures/certifications of the organization who will providing requested services.
- 30.2.3. Financial Stability, Organizational Resources and Capability
- demonstrate financial stability by providing audited financial statements, for two (2) consecutive years and copies of any quarterly financial statements prepared since the end of the period reported by your most recent annual report. Acceptable financial verification must include one (1) of the following; please check off and submit with your Proposal one of the following:

Check	Description
<input type="checkbox"/>	a copy of the organization's most recent full set of financial statements
<input type="checkbox"/>	a copy of the organization's audited set of financial statements from an independent CPA firm

- description of organizational resources and capability. Evidence demonstrating that your organization possesses adequate organizational resources and capability

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to meet consumer demand. Evidence may include, but is not limited to: implementation plan, staffing resources, equipment: type, age and whether the equipment is owned or leased as it relates to the scope of services requested outlined in this RFP, operation and quality controls. Evidence demonstrating your organization's history, mission, size, ownership and structure (Corporation, LLC, Sole Proprietor, Non-Profit et cetera).

31. Schedule of Events (Timetable):

31.1. Table of Events and Important Dates:

Event #	Description of Event	Date of Event
1	RFP Issued	January 29, 2010
2	Written Inquiries Due	February 19, 2010
3	DOC Posts Answers to Inquiries	February 26, 2010
4	RSVP Letter of Intent to attend Vendor's Conference	March 12, 2010
5	Vendor Conference	March 19, 2010
6	Proposals Due	April 2, 2010
7	Best & Final Offer	If Necessary
8	Contract Finalization	April/May 2010
9	Approval by the Governor and Executive Council	May/June 2010
10	Expected Services Start Date	July 1, 2010, or, upon G&C approval, which ever is later.

Note: The above Table of Events and Important Dates may be altered at any time by the Department with the exception of No. 7 – "Proposals Due." The Vendor's Proposals Due date cannot be changed in order to maintain the integrity of the public contract procurement process of the State of NH except for the reasons as stated in section - 18.4 of the Terms and Conditions of this RFP.

32. Award of a Contract:

- 32.1. A Contract may be awarded to more than one (1) Vendor to include: Northern Area: Northern Correctional Facility (NCF) Berlin, NH, Concord Area: NH State Prison for Men (NHSP-M) and Secure Psychiatric Unit (SPU), Concord, NH and Southern Area: NH State Prison for Women (NHSP-W), Goffstown, NH.

33. Special Notes:

- 33.1. The headings and footings of the sections of this document are for convenience only and shall not affect the interpretation of any section.

The remainder of this page is intentionally blank.

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PROPOSAL FOR: The provision of Inpatient and Outpatient Hospital/Medical Services and optional professional medical services for the NH Department of Corrections (locations listed in Exhibit A). This section is for the purpose of ensuring that the Vendor has included all the required information to submit a Proposal. Your organization may submit multiple proposals, one (1) for each location. Please note that transportation costs will be factored into the cost of services for each location. Transport and population estimates by location are as specified in Exhibit A, Scope of Services, page 4 of 9.

Responding to RFP Number: NHD0C (10-08-GFMED)

LOCATION OF SERVICES:

(Please circle one area for each proposal)

Northern NH
Correctional
Facility (NCF)

Concord Facilities
(NHSP-M & SPU)

Southern NH
Correctional
Facility (NHSP-W)

Please Type or Clearly Print in the Spaces Provided Below.

OFFER: The undersigned hereby proposes to furnish to the STATE OF NEW HAMPSHIRE, the services as described in the PROPOSAL in accordance with the specifications contained herein. The signer of the Vendor below signifies the assent of the Vendor to all of the Terms and Conditions of this RFP.

1. VENDOR: _____
Name of Organization (As written on the Certificate of Good Standing)

2. ADDRESS: _____
Street Address (Physical Address of the Organization - NO PO Box #'s)

City or Town

State

Zip Code

3. SIGNATURE: _____ INITIALS: _____

4. DATE SIGNED: _____

5. TITLE OF SIGNATORY: (Title of signatory) _____

6. NAME OF SIGNATORY: (Name of signatory) _____

7. CONTACT PERSON: (Contact person if different from signatory) _____

8. TELEPHONE: (Telephone number of contact person) _____

9. E-MAIL: (E-mail of contact person) _____

10. FAX: (Fax number of contact person) _____

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FORMAT FOR SUBMISSION:

- Please submit **one (1) original** and complete proposal for each regional area: Northern Concord, and Southern Correctional Facilities signed in **blue ink**. This original copy must be typed or clearly printed in **black ink**. All corrections **shall be initialed by the contract signatory**. Submit **two (2) copies** of the original Proposal and **one (1) CD**. **Proposals that are not completed or unsigned may be considered "technically non-compliant."** Any proposal(s) received after the deadline may be considered "technically non-responsive," and the Vendor will be notified by the NH Department of Corrections with the Proposal sent back to the Vendor unopened and unevaluated. Proposals must be **sealed** or they shall not be accepted. Do not staple or three-hole punch any part of the proposal(s). Use only binder clips to secure and separate your proposals. **Vendors MUST initial the bottom corner of each page of their Proposal.**

If interested in submitting a proposal(s) for these services, please fully complete, execute and return the following documentation in the sequence below:

- ☐ Cover Page:
 - Title of RFP;
 - RFP Number;
 - Vendor's Organizational Name;
 - Submission Date.
- ☐ Cover Letter (see criteria, section 30.2. within the RFP);
- ☐ Proposal Cover Sheet (this document may be found within the RFP);
- ☐ Request for Proposal, Terms and Conditions;
- ☐ Contract Form P-37, version 1/09 ([P-37 Document](#)):
 - Please fully execute: Items 1.3, 1.4, 1.5, 1.11, and 1.12, in front of a Notary Public or Justice of the Peace and have them fill out Items 1.13, 1.13.1, and 1.13.2;
 - Note: THE NAME OF THE VENDOR'S ORGANIZATION SHALL BE WRITTEN ON THE P-37 AS FOUND ON THE CERTIFICATE OF GOOD STANDING (ISSUED BY THE NH SECRETARY OF STATE'S OFFICE) TO INCLUDE D/B/A NAMES OF THE ORGANIZATION, IF APPLICABLE.
- ☐ Exhibit A – Scope of Services;
- ☐ Exhibit B – Estimated Budget;
- ☐ Exhibit C – Special Provisions;
- ☐ Certificate of Good Standing (not included herein; see instructions on next page);
- ☐ Certificate of Authority (execute and submit only the one that applies to your entity): ([Attachment 4 Corp w/ Seal](#), [Attachment 4a Corp w/o Seal](#), [Attachment 4b Partnership](#), [Attachment 4c Sole Proprietor](#))
 - Note: THE NAME OF THE VENDOR'S ORGANIZATION MUST BE WRITTEN ON THE CERTIFICATE OF AUTHORITY AS FOUND ON THE CERTIFICATE OF GOOD STANDING TO INCLUDE D/B/A NAMES OF THE ORGANIZATION, IF APPLICABLE.
- ☐ Certificate of Insurance (not included herein; see instructions on next page)
 - Note: THE NAME TO INCLUDE DBA NAMES, IF APPLICABLE, AND ADDRESS OF THE VENDOR'S ORGANIZATION MUST BE IDENTIFIED IN THE INSURED SECTION OF THE CERTIFICATE OF LIABILITY INSURANCE DOCUMENT AS FOUND ON THE CERTIFICATE OF GOOD STANDING.
- ☐ Comprehensive General Liability Insurance Acknowledgement Form – ([Comprehensive General Liability Insurance Acknowledgement Form](#));
- ☐ Attachment – Alternate W-9 Form ([W-9 Document](#));
- ☐ Statement of Financial Stability;
- ☐ Sample Reports.

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All documentation listed above is necessary for the successful completion and submission of Proposals. All attachments are located on the following webpage: <http://www.nh.gov/nhdoc/business/rfp.html> under the heading “*TOOLS AND RESOURCES FOR BIDDERS*.” (Direct link to above document web page: <http://www.nh.gov/nhdoc/business/RFPBiddingTools.htm>).

OTHER NECESSARY FORMS (Not included on the above web page, must also be provided by the Vendor):

- ❑ **Certificate of Good Standing: (NOT INCLUDED HEREIN, MUST BE PROVIDED BY VENDOR)** In order to obtain a Certificate, write directly to the Secretary of State, Corporate Division, State House Annex, Room 341, 25 Capital Street, 3rd Fl, Concord, NH 03301 or visit the Secretary of State’s Office in person. Requests must include the complete name of the company as it is registered with the Office of the Secretary of State and a check for (CALL FOR FEES) made payable to the State of New Hampshire. **If you may visit the Secretary of State’s Office in person, you must bring exact change for each Certificate of Good Standing document requested.** In the event that you need to expedite the request, you may fax the request to (603) 271-3247 or go in person to request a copy and you will be billed (CALL FOR FEES) for the expedited service. Include your mailing address, corresponding check number, telephone and fax numbers. You will receive a fax of the Certificate in addition to a mailed copy.
- ❑ **Certificate of Insurance: (NOT INCLUDED HEREIN, must be provided by Vendor)** You must contact your Insurance provider and follow their processes to get this form **pursuant to section 14 and 15 of the State Long Form Contract** (Link: [P-37 Document](#)). The NH Department of Corrections, PO Box 1806, Concord, NH, 03302-1806 must be listed at the Certificate Holder on the document. Once obtained you may include it with your responding Proposal(s). If necessary you may have your insurance provider fax the NH Department of Corrections a copy of the form. Faxes are to be sent to: (603) 271-5639, care of the Acting Contract Administrator.
- ❑ **The Certificate of Insurance must provide the following:**
 - Shall designate the NH Department of Corrections as the Certificate Holder;
 - Shall designate the Certificate Holder’s address as indicated above;
 - Shall designate a ten (10) day written cancellation clause;
 - Shall provide, for the life of the contract, the minimum General Liability coverage to be no less than \$2,000,000.00 per each occurrence and \$2,000,000.00 general aggregate;
 - Shall provide proof and identify limits and expiration dates of Workers’ Compensation coverage;
 - Shall provide proof and identify limits and expiration dates of Professional Liability coverage;
 - Shall designate your Organization’s name (to include dba names if applicable) and address in the Insured section of the Certificate of Insurance document.

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1. Description of Services:

The Contractor shall provide Inpatient and Outpatient Hospital/Medical Services and optional professional medical services for all services as specified in Exhibit A, Scope of Services, for each regional area proposal submission for the NH Department of Corrections to include but not limited to:

1.1. Inpatient Hospital Services:

- 1.1.1. The NH Department of Corrections is seeking proposals for inpatient services to be reimbursed on a "Diagnosis Related Group" (DRG) methodology. Specifically, the Vendor is asked to acknowledge the payment methodology and provide a DRG coefficient for evaluation. Such payment methodology will allow recognition of case mix and still provide an all inclusive rate for inpatient Hospital Services.
- 1.1.2. In developing the DRG rate, the Vendor should review the provisions of Senate Bill 185 (and the amended RSA 623-C:2) enacted as of July 1, 2009 requiring hospitals providing inpatient services to this population to accept fees not greater than one hundred ten percent (110%) of the Medicare allowable rate.
- 1.1.3. NH Department of Corrections requests the Vendor to comment of the competitiveness of the DRG coefficient provided as it relates to RSA 623-C:2, I and II, private commercial payment and other public sources of third party payment.

1.2. Emergency Services:

- 1.2.1. Indicate the Vendor's acceptable reimbursement level for Emergency Services as a percentage discount off the hospital billed charge. At a minimum, the Vendor shall adhere to the requirements SB185 (and the amended RSA 623-C:2) requiring that the hospital rate does not exceed 110% of the Medicare allowable amount for these services.
- 1.2.2. NH Department of Corrections requests the Vendor to comment on the competitiveness of the discount provided as it relates to the requirements of SF 185 (and the amended RSA 623-C:2), private commercial payment and other public sources of third party payment.

1.3. Outpatient Hospital Services:

- 1.3.1. The NH Department of Corrections is seeking proposals for outpatient services to be reimbursed as a percentage of the 2009 relevant NH Medicare Fee Schedule and indicate the percentage (%) multiplier. The following NH Medicare Fee Schedules are to be used:

NH Medicare Fee Schedule	Percentage (%) Multiplier
Outpatient Laboratory	
Outpatient Radiology	
National Level II Codes (HCPCS)	

- 1.3.1.1. The NH Department of Corrections requests the Vendor to comment on the competitiveness of the discount provided as it relates to the requirements of SB 185 (and the amended RSA 623-C:2), private commercial payment and other public sources of third party payment.
- 1.3.2. All other outpatient services not covered by the NH Medicare Fee Schedules above will be paid as a percentage of the facility charge structure. Please indicate the percentage discount off the hospital's billed charge.

Vendor Initials: _____

- 1.3.2.1. The NH Department of Corrections requests the Vendor to comment on the competitiveness of the discount provided as it relates to the requirements of SB 185 (and the amended RSA 623-C:2), private commercial payment and other public sources of third party payment.

1.4. Rate Adjustments:

- 1.4.1. The NH Department of Corrections requests a two-year rate proposal and agreement because of the need to properly appropriate funds over the biennium. If the Vendor proposes an annual adjustment to the rates, please indicate what the adjustment will be, how notification will occur, and the rationale for such adjustment. If extended for two (2) years, NH Department of Corrections will agree to hospital reimbursement rates by the most recently published Boston-Brockton-Nashua, MA-NH-ME-CT Medical Consumer Price Index (BMCPI) for the remaining two (2) year period provided that such an adjustment does not violate the intent of RSA 623-C:2 when compared to the then current Medicare fee schedule.
- 1.4.2. *Please note:* During the term of the agreement with any selected Vendor, NH Department of Corrections will require by Agreement that the Vendor provide written notification of any charge master increases prior to the effective date of such change. The percentage of charges for these services will be offset to preserve the same level of reimbursement prior to the charge increase. In the event that the notification is not provided in advance or in accordance with the terms of the Agreement, NH Department of Corrections reserves the right to recover any overpayments at any time.

1.5. Hospital Claim Processing:

- 1.5.1. The NH Department of Corrections lacks electronic claims system capacity. For Hospitals Services, the NH Department of Corrections will require the Vendor to invoice the discounted amount of services rendered to inmates. Claims are to be provided in the industry standard format, but should indicate the amount expected to be reimbursed. The Vendor is asked in this section to describe the method by which it will address this request, provide a sample format and may be asked to speak to this issue in more detail during any finalist presentation. This section is a requirement for any qualified bidder.
- 1.5.2. *Please note:* The NH Department of Corrections reserves the right to audit any claims and/or seek clarification on any payments that result from this process at anytime. The Vendor should be able to defend its pricing methodology and properly detail any internal process controls for ensuring accurate pricing of claims.

1.6. Physician Services:

- 1.6.1. The NH Department of Corrections seeks to include professional medical services in this RFP. In particular, it seeks to access services for employed physicians to be reimbursed at a discounted level. The Vendor should indicate its willingness to provide discounted professional services for its employed physicians and provide the following:
- 1.6.1.1. a listing of the employed physicians and relevant specialty;
- 1.6.1.2. the acceptable level of reimbursement expressed as a percentage of the 2009 NH Medicare fee schedule [New Hampshire Geographic Practice Cost Index (NH GPCI) adjusted];
- 1.6.1.3. NH Department of Corrections requests the Vendor to comment on the competitiveness of the discount as it relates to billed charges, commercial third party payments and other public program third party payer reimbursements (i.e. Medicaid, Veterans Administration, etc).

Vendor Initials: _____

- 1.6.2. The NH Department of Corrections seeks to include other non-hospital based community physicians in its professional services network. Please indicate how the facility may assist the NH Department of Corrections in reaching out to other community physicians to access discounted services. Please comment on the expected success of this effort, ways to ensure a successful effort and other ideas that will enhance the ability of the NH Department of Corrections to access discounted services.
- 1.7. Physician Services Claims Processing:
The Vendor should validate that Physician Service claims will be provided to the NH Department of Corrections in a timely manner and consistent with the industry format. Claims for Physician Services will be processed by the NH Department of Corrections by applying the negotiated percentage of the 2009 NH Medicare Fee Schedule to the service, regardless of amount billed. The NH Department of Corrections recognizes that the Vendor's may invoice at its billed charge rate for employed Physician Services. No payments of services rendered under this methodology will exceed the billed charge amount.
- 1.8. Other Considerations:
- 1.8.1. The NH Department of Corrections is interested in access to other necessary services that the Vendor may be willing to provide at a discounted rate. Please indicate in this section if any other such services are available. Items of interest include but are not limited to on-campus (NH Department of Corrections facilities) rehabilitation services: Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (ST) and Respiratory Therapy (RT), or alternative to hospital based rehabilitation services.
- 1.8.2. As an evaluation tool, transportation/security costs will be calculated and factored in to the total cost of Hospital Services. Transports shall be done with a minimum of two (2) NH Department of Corrections Correctional Officers at an average rate of \$38.60 per hour and a per mile cost of \$.50 based upon the Internal Revenue Service announcement for 2010.
- 2. Service Locations, Average Inmate Population and Estimated Annual Inmate Transports:**
- 2.3. Location of Services: The Contractor shall provide Inpatient and Outpatient Hospital/Medical Services and optional professional medical services to the following locations listed below. Northern Area: Northern Correctional Facility (NCF), Concord Area: NH State Prison for Men (NHSP-M) and Secure Psychiatric Unit (SPU) and Southern Area: NH State Prison for Women (NHSP-W). Locations requiring these services are marked with an X:
- Northern Area - NHDOC Northern NH Correctional Facility Location
- | | | | |
|-------------------------------------|---|----------------------|------------------|
| <input checked="" type="checkbox"/> | Northern NH Correctional Facility (NCF) | 138 East Milan Road, | Berlin, NH 03570 |
|-------------------------------------|---|----------------------|------------------|
- Concord Area - NHDOC NH Correctional Facility Locations
- | | | | |
|-------------------------------------|----------------------------------|-------------------------|-------------------|
| <input checked="" type="checkbox"/> | NH State Prison for Men (NHSP-M) | 281 North State Street, | Concord, NH 03301 |
| <input checked="" type="checkbox"/> | Secure Psychiatric Unit (SPU) | 281 North State Street, | Concord, NH 03301 |
- Southern Area - NHDOC Southern NH Correctional Facility Location
- | | | | |
|-------------------------------------|------------------------------------|----------------|---------------------|
| <input checked="" type="checkbox"/> | NH State Prison for Women (NHSP-W) | 317 Mast Road, | Goffstown, NH 03045 |
|-------------------------------------|------------------------------------|----------------|---------------------|

Vendor Initials: _____

8.13. Average Projected Inmate Population:

Service Area	Average Projected Inmate Population
Northern Area	760
Concord Area	1801
Southern Area	162

8.14. Estimated Annual Inmate Transports:

Service Area	Estimated Annual Inmate Transports
Northern Area	887
Concord Area	1095
Southern Area	193

3. General Service Provisions:

- 3.1. The NH Department of Corrections designee, Medical Operations Administrator, or designee, shall contact the Vendor when service is needed. A list of NH Department of Corrections, Medical Service Personnel Coordinators will be provided to the Vendor upon awarding the contract.
- 3.2. The Vendor agrees to comply with all rules and regulations of the NH Department of Corrections.
- 3.3. Upon agreement of both parties, additional facilities belonging to the NH Department of Corrections may be added to the contract. If it is necessary to increase the price limitation of the contract this provision will require Governor and Executive Council approval.
- 3.4. The Vendor shall ensure that NH State licensed professionals provide the services required. The Vendor and its staff must possess the credentials, licenses and/or certificates required by law and regulations to provide the services required.
- 3.5. In the event that the Vendor should change ownership for any reason whatsoever, the NH Department of Corrections shall have the option of continuing under the Contract with the Vendor or its successors or assigns for the full remaining term of the Contract, continuing under the Contract with the Vendor or, its successors or, assigns for such period of time as determined necessary by the NH Department of Corrections, or terminating the Contract.
- 3.6. The Vendor shall, within five (5) days after the award of the Contract: submit a written identification and notification to NH Department of Corrections of the name, title, address, telephone number, fax number and e-mail address of one (1) individual within its organization as a duly authorized representative to whom all correspondence, official notices and requests related to the Vendor's performance under the Contract.
 - 3.6.1. Any written notice to the Vendor shall be deemed sufficient when deposited in the U.S. mail, postage prepaid and addressed to the person designated by the Vendor under this paragraph.
 - 3.6.2. The Vendor shall have the right to change or substitute the name of the individual described above as deemed necessary provided that any such change is not effective until the Commissioner of the NH Department of Corrections actually receives notice of this change.
 - 3.6.3. Changes of the named Liaison by the Vendor must be made in writing and forwarded to: NH Department of Corrections, Medical Operations Administrator, 105 Pleasant Street, Concord, NH 03301.

Vendor Initials: _____

- 3.7. The Vendor shall designate a representative to act as liaison between the Vendor and NH Department of Corrections for the duration of the Contract. The representative shall be responsible for:
- 3.7.1. representing the Vendor on all matters pertaining to the Contract. Such a representative shall be authorized and empowered to represent the Vendor regarding all aspects of the Contract;
 - 3.7.2. monitoring the Vendor's compliance with the terms of the Contract;
 - 3.7.3. receiving and responding to all inquiries and requests made by NH Department of Corrections in the time frames and format specified by NH Department of Corrections in this RFP and in the Contract; and
 - 3.7.4. meeting with representatives of NH Department of Corrections on a periodic or as-needed basis to resolve issues which may arise.
- 3.8. NH Department of Corrections Contract Liaison Responsibilities:
The NH Department of Corrections Commissioner of Corrections, or designee, shall act as liaison between the Vendor and NHDOC for the duration of the Contract. NH Department of Corrections reserves the right to change its representative, at its sole discretion, during the term of the Contract, and shall provide the Vendor with written notice of such change. NH Department of Corrections representative shall be responsible for:
- 3.8.1. representing NH Department of Corrections on all matters pertaining to the Contract. The representative shall be authorized and empowered to represent NH Department of Corrections regarding all aspects of the Contract subject to the New Hampshire Governor and Executive Council approval, where needed;
 - 3.8.2. monitoring compliance with the terms of the Contract;
 - 3.8.3. responding to all inquiries and requests related to the Contract made by the Vendor, under the terms and in the time frames specified by the Contract;
 - 3.8.4. meeting with the Vendor's representative on a periodic or as-needed basis and resolving issues which arise; and,
 - 3.8.5. informing the Vendor of any discretionary action taken by NH Department of Corrections pursuant to the provisions of the Contract.
- 3.9. Reporting Requirements:
The Vendor shall provide, at a minimum, monthly reports on outpatient volume by the Department's facility and inpatient volume by DRG shall be required. Descriptions of reports or sample reports should be provided as an attachment to the RFP response.
- 3.9.1. The Vendor shall provide any and all reports as requested on an as needed basis according to a schedule and format to be determined by the NH Department of Corrections including but not limited to:
- 3.9.1.1 monthly summary of the cost of services provided by inmate;
 - 3.9.1.2. patient diagnosis;
 - 3.9.1.3. length of stay information;
 - 3.9.1.3. breakdowns of inpatient and outpatient billings by Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes;
 - 3.9.1.4. summary cost of services by major diagnostic categories as well as International Classification of Diseases (ICD-9) details;
 - 3.9.1.5. information regarding ancillary charges;
 - 3.9.1.6. outpatient data is to be reported in a Ambulatory Payment Classification (APC) format;
 - 3.9.1.7. billings are to be provided in a format consistent with Medicare and Medicaid billings on industry standard forms.

Vendor Initials: _____

- 3.9.2. It is the intent of NH Department of Corrections to work with any Contractor to provide any reporting required that meets the NH Department of Corrections needs.
- 3.9.3. The NH Department of Corrections welcomes suggestions from prospective Vendors that would result in a more efficient administration of any Contract resulting from this RFP.
- 3.9.4. Any information requested would be specific to the NH Department of Corrections inmates only.
- 3.10. Performance Evaluation: NH Department of Corrections shall, at its sole discretion:
 - 3.10.1. monitor and evaluate the Vendor's compliance with the terms of the Contract;
 - 3.10.2. the NH Department of Corrections Bureau of Quality Improvement, Compliance and Research Director may meet with the Vendor at a minimum of twice a year to assess the performance of the Vendor relative to the Vendor's compliance with the Contract as set forth in the approved Contract document;
 - 3.10.3. review reports submitted by the Vendor. NH Department of Corrections shall determine the acceptability of the reports. If they are not deemed acceptable, NH Department of Corrections shall notify the Vendor and explain the deficiencies;
 - 3.10.4. request additional reports the NH Department of Corrections deems necessary for the purposes of monitoring and evaluating the performance of the Vendor under the Contract;
 - 3.10.5. perform periodic programmatic and financial review of the Vendor's performance or responsibilities. This may include, but limited to, on-site inspections audits conducted by the NH Department of Corrections or its agent of the Vendor's records. The audits may, at a minimum, include a review of the following:
 - 3.10.5.1. claims and financial administration;
 - 3.10.5.2. program operations;
 - 3.10.5.3. financial reports;
 - 3.10.5.4. staff qualifications;
 - 3.10.5.5. clinical protocols;
 - 3.10.5.6. individual medical records.
 - 3.10.6. give the Vendor prior notice of any on-site visit by the NH Department of Corrections or its agents to conduct an audit and further notify the Vendor of any records which the NH Department of Correction or its agent may wish to review;
 - 3.10.7. inform the Vendor of any dissatisfaction with the Vendor's performance and include requirements for corrective action;
 - 3.10.8. the Vendor understands and agrees that the NH Department of Corrections reserves the right to amend the claims process for Hospital and Professional Services as outlined in Exhibit A. The NH Department of Corrections continues to work on alternative mechanisms to expedite the claims process and provide useful real time data to NH Department of Corrections. Any such change to the claims process will be provided with written notice in advance of the required change.

4. Other Contract Provisions:

- 4.1. Modifications to the Contract:

In the event of any dissatisfaction with the Vendor's performance, the NH Department of Corrections will inform the Vendor of any dissatisfaction and will include requirements for corrective action.

 - 4.1.1. The Department of Corrections has the right to terminate the Contract, if the NH Department of Corrections determines that the Vendor is:
 - 4.1.1.1. not in compliance with the Terms and Conditions of the Contract, or;

Vendor Initials: _____

- 4.1.1.2. has lost or has been notified of intention to lose their accreditation and/or licensure;
 - 4.1.1.3. has lost or has been notified of intention to lose their Federal certification and/or licensure;
 - 4.1.1.4. as otherwise permitted by law or as stipulated within this Contract.
- 4.2. Coordination of Efforts:
The Vendor shall fully coordinate his or her activities in the performance of the Contract with those of the NH Department of Corrections. As the work of the Vendor progresses, advice and information on matters covered by the Contract shall be made available by the Vendor to NH Department of Corrections as requested by NH Department of Corrections throughout the effective period of the Contract.

5. Bankruptcy or Insolvency Proceeding Notification:

- 5.1. Upon filing for any bankruptcy or insolvency proceeding by or against the Vendor, whether voluntary or involuntary, or upon the appointment of a receiver, trustee, or assignee for the benefit of creditors, the Vendor must notify the NH Department of Corrections immediately.
- 5.2. Upon learning of the actions herein identified, the NH Department of Corrections reserves the right at its sole discretion to either cancel the Contract in whole or in part, or, re-affirm the Contract in whole or in part.

6. Embodiment of the Contract:

- 6.1. The Contract between the NH Department of Corrections and the Vendor shall consist of:
 - 6.1.1. the Request for Proposal (RFP) and any amendments thereto;
 - 6.1.2. the proposal submitted by the Vendor in response to the RFP; and/or
 - 6.1.3. a negotiated document (Contract) agreed to by and between the parties that is ratified by a "meeting of the minds" after careful consideration of all of the terms and conditions and that which is approved by the Governor and Executive Council of the State of New Hampshire.
- 6.2. In the event of a conflict in language between the documents referenced above, the provisions and requirements set forth and/or referenced in the negotiated document noted in 6.1.3. shall govern.
- 6.3. The NH Department of Corrections reserves the right to clarify any contractual relationship in writing with the concurrence of the Vendor, and such written clarification shall govern in case of conflict with the applicable requirements stated in the RFP or the Vendor's Proposal and/or the result of a Contract.

7. Cancellation of Contract:

- 7.1. The Department of Corrections may cancel the Contract at any time for breach of Contractual obligations by providing the Vendor with a written notice of such cancellation.
- 7.2. Should the NH Department of Corrections exercise its right to cancel the Contract for such reasons, the cancellation shall become effective on the date as specified in the notice of cancellation sent to the Vendor.
- 7.3. The NH Department of Corrections reserves the right to terminate the Contract without penalty or recourse by giving the Vendor a written notice of such termination at least sixty (60) days prior to the effective termination date.
- 7.4. The NH Department of Corrections reserves the right to cancel this Contract for the convenience of the State with no penalties by giving the Vendor sixty (60) days notice of said cancellation.

Vendor Initials: _____

8. Vendor Transition:

NH Department of Corrections, in any Contract resulting from this RFP, shall require the Vendor to work cooperatively with any predecessor and/or successor Vendor to assure the orderly and uninterrupted transition from one Vendor to another.

9. Audit Requirement:

Contractor agrees to comply with any recommendations arising from periodic audits on the performance of this contract, providing they do not require any unreasonable hardship, which would normally affect the value of the Contract.

10. Additional Items/Locations:

Upon agreement of both party's additional equipment and/or other facilities belonging to the NH Department of Corrections may be added to the Contract. In the same respect, equipment and/or facilities listed as part of the provision of services of the Contract may be deleted as well.

11. Special Notes:

- 11.1. The headings and footings of the sections of this document are for convenience only and shall not affect the interpretation of any section.
- 11.2. The NH Department of Corrections reserves the right to require use of a third party administrator during the life of the Contract.
- 11.3. Locations per contract year may be increased/decreased and or reassigned to alternate facilities during the Contract term at the discretion of the Department.
- 11.4. Locations may be added and/or deleted after the awarding of a Contract at the discretion of the Department and upon mutual agreement of the Commissioner of the Department of Corrections and the Vendor.
- 11.5. In the event that the NH Department of Corrections wishes to add or remove facilities at which the Contractor is to provide services, it shall:
 - 11.5.1. give the Contractor fourteen (14) days written notice of the proposed change; and
 - 11.5.2. secure the Contractor's written agreement to the proposed changes.
- 11.6. Notwithstanding the foregoing, or any provision of this Agreement to the contrary, in no event shall changes to facilities be allowed that modify the "Completion Date" or "Price Limitation" of the Agreement.

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Vendor Initials: _____

1. Current Procedural Codes (CPT)/HCPCS Codes paid in SFY 2009

1.1. Table: CPT/HCPCS Descriptor Codes

CPT Descriptor	NHDOC Total Number
Medicine	1688
Radiology	834
Anesthesia	144
Pathology & Laboratory	134
Digestive	121
Integumentary	59
Musculoskeletal	47
Urinary/Genital/Endocrine	33
Nerve/Eye/Ear	32
Respiratory/Cardio/Hemic /Chest	20
HCPCS Descriptor	NHDOC Total Number
Transporting Services including Ambulance	123
Procedures/Professional Services (Temporary)	50
Orthotic Procedures	26
Drugs Administered other than Oral Methods	20
Temporary National Codes (Non-Medicare)	15
Prosthetic Procedures	4
Vision Services	4
Medical & Surgical Supplies	3
Hearing Services	2
Dental Procedures	1
Durable Medical Equipment	1
Q Codes (Temporary)	1

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Vendor Initials: _____

2. ICD-9 Codes for Top 100 Diagnoses Rendered for Medical Services in SFY 2009

2.1. Table: ICD-9 Codes for Top 100 Diagnoses:

Initial Diagnoses (DX)	Diagnoses Description	NHDOC Total Volume
786.50	Unspecified Chest Pain	252
786.59	Other Chest Pain: {Discomfort}{Pressure}{Tightness} in Chest	88
789.00	Abdominal Pain	60
201.9	Hodgkin's Disease, Unspecified Type	58
719.46	Pain in Joint Involving Lower Leg	50
681.11	Onychia and Paronychia of Toe	45
729.5	Pain in Limb	45
780.2	Blackout; Fainting; (Near) (Pre) Syncope; Vasovagal Attack	32
426.9	Conduction Disorder, Unspecified	28
185	Malignant Neoplasm of Prostate	27
V76.12	Other Special Screening Mammogram	27
719.41	Pain in Joint Involving Shoulder Region	27
815.00	Closed Fracture of Metacarpal Bone(s), Site Unspecified	26
959.7	Other and Unspecified Injury to Knee, Leg, Ankle, and Foot	26
211.3	Benign Neoplasm of Colon	24
682.6	Cellulitis and Abscess of Leg, Except Foot	22
780.39	Convulsive Disorder NOS; Fit NOS; Seizure NOS; Recurrent Convulsions NOS	22
110.1	Dermatophytosis of Nail	21
836.0	Tear of Medial Cartilage or Meniscus of Knee, Current	19
577.0	Diseases of Pancreas	19
786.09	Other Dyspnea and Respiratory Abnormality	19
719.47	Pain in Joint Involving Ankle and Foot	18
854.00	Intracranial Injury of other and Unspecified Nature, without Mention of Open Intracranial Wound, with State of Consciousness Unspecified	18
275.0	Disorders of Iron Metabolism: Bronzed Diabetes; Hemochromatosis; Pigmentary Cirrhosis (of liver)	18
789.09	Abdominal pain, Other Specified Site	17
42.0	Esophagotomy	17
366.16	Senile Nuclear Sclerosis	17
141.0	Malignant Neoplasm of Base of Tongue	16
562.10	Diverticulosis of Colon (without Mention of Hemorrhage)	15

Vendor Initials: _____

2. ICD-9 Codes for Top 100 Diagnoses Rendered for Medical Services in SFY 2009 Continued

2.1. Table: ICD-9 Codes for Top 100 Diagnoses, Continued:

Initial Diagnoses (DX)	Diagnoses Description	NHDOC Total Volume
816.00	Closed Fracture of Phalanx or Phalanges of Hand, Unspecified	15
578.9	Hemorrhage of Gastrointestinal Tract, Unspecified	15
707.10	Ulcer of Lower Limbs, Unspecified	15
354.0	Carpal Tunnel Syndrome	15
724.2	Low Back Pain; Low Back Syndrome; Lumbalgia	14
338.29	Other Chronic Pain	14
959.09	Injury of Face and Neck	14
414.00	Coronary Atherosclerosis of Unspecified Type of Vessel, Native or Graft	14
728.71	Plantar Fascial Fibromatosis	14
703.0	Ingrowing Nail with Infection; Unguis Incarnatus	13
365.10	Open-angle Glaucoma, Unspecified	13
723.1	Cervicalgia: Pain in Neck	13
786.05	Shortness of Breath	13
592.0	Nephrolithiasis NOS; Renal Calculus or Stone; Staghorn Calculus; Stone in Kidney	13
186.9	Malignant Neoplasm of other and Unspecified Testis	13
427.89	Other Specified Cardiac Dysrhythmias	13
558.9	Other and Unspecified Noninfectious Gastroenteritis and Colitis	12
959.01	Head Injury, Unspecified	12
599.7	Hematuria	12
173.5	Other Malignant Neoplasm of Skin of Trunk, Except Scrotum	12
550.90	Unilateral or Unspecified Inguinal Hernia (not specified as recurrent), without Mention of Obstruction or Gangrene	12
414.01	Coronary Atherosclerosis of Native Coronary Vessel	12
573.9	Unspecified Disorder of Liver	12
977.9	Poisoning by Unspecified Drug or Medicinal Substance	12
427.31	Atrial Fibrillation	12
427.32	Atrial Flutter	12
780.4	Light-headedness; Vertigo NOS	12
V54.19	Aftercare for Healing Traumatic Fracture of other Bone	11

Vendor Initials: _____

2. ICD-9 Codes for Top 100 Diagnoses Rendered for Medical Services in SFY 2009 Continued

2.1. Table: ICD-9 Codes for Top 100 Diagnoses, Continued:

Initial Diagnoses (DX)	Diagnoses Description	NHDOC Total Volume
785.6	Enlargement of Lymph Nodes	11
410.90	Acute Myocardial Infarction of Unspecified Site, Episode of Care Unspecified	11
782.0	Disturbance of Skin Sensation	11
729.81	Swelling of Limb	11
935.1	Foreign Body in Esophagus	11
721.3	Lumbosacral Spondylosis without Myelopathy	11
611.72	Lump or Mass in Breast	11
793.81	Mammographic Microcalcification	11
599.70	Hematuria, Unspecified	11
784.0	Facial pain; Pain in Head NOS	11
592.1	Ureteric Stone; Ureterolithiasis	11
790.93	Elevated Prostate Specific Antigen [PSA]	10
724.5	Backache, Unspecified	10
553.1	Umbilical Hernia without Mention of Obstruction or Gangrene	10
195.0	Malignant Neoplasm of Head, Face, and Neck	10
070.54	Chronic Hepatitis C without Mention of Hepatic Coma	10
401.9	Unspecified Essential Hypertension	10
787.20	Dysphagia, Unspecified	10
571.5	Cirrhosis of Liver without Mention of Alcohol	10
578.1	Blood in Stool	10
959.4	Other and Unspecified Injury to Hand, Except Finger	10
938	Foreign Body in Digestive System, Unspecified	10
719.45	Pain in Joint Involving Pelvic Region and Thigh	10
726.2	Other Affections of Shoulder Region, NEC	9
410.91	Acute Myocardial Infarction of Unspecified Site, Initial Episode of Care	9
789.9	Other Symptoms Involving Abdomen and Pelvis	9
428.0	Congestive Heart Failure, Unspecified	9
540.0	Acute Appendicitis with Generalized Peritonitis	9
786.2	Cough	9
518.0	Atelectasis; Collapse of Lung; Middle Lobe Syndrome	9
604.90	Orchitis and Epididymitis, Unspecified	9
585.6	End Stage Renal disease	9

Vendor Initials: _____

2. ICD-9 Codes for Top 100 Diagnoses Rendered for Medical Services in SFY 2009 Continued

2.1. Table: ICD-9 Codes for Top 100 Diagnoses, Continued:

Initial Diagnoses (DX)	Diagnoses Description	NHDOC Total Volume
722.52	Degeneration of Lumbar or Lumbosacral Intervertebral Disc	8
965.4	Poisoning by Aromatic Analgesics, NEC	8
593.9	Unspecified Disorder of Kidney and Ureter	8
608.9	Unspecified Disorder of Male Genital Organs	8
250.6	Diabetes with Neurological Manifestations	8
711.06	Pyogenic Arthritis Involving Lower Leg	8
998.59	Other Postoperative Infection	8
413.9	Other and Unspecified Angina Pectoris	8
959.2	Unspecified Site of Spinal Cord Injury without Spinal Bone Injury	8
785.1	Palpitations	8

3. Top 20 CPT Codes Rendered at Hospitals in SFY 2009 to NH Department of Correctional Inmates

3.1. Table: Top 20 CPT Codes Rendered at Hospital in SFY 2009:

CPT Codes	Description	Total Number of Hospital Based Services by Code for SFY 2009
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; Medical decision making of moderate complexity.	32
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded focused examination; Medical decision making of low complexity.	32
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only.	20
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, w/o spectral or color Doppler echocardiography.	18
99244	Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and Medical decision making of moderate complexity.	18

Vendor Initials: _____

3. Top 20 CPT Codes Rendered at Hospitals in SFY 2009 to NH Department of Correctional Inmates, Continued

3.1. Table: Top 20 CPT Codes Rendered at Hospital in SFY 2009, Continued:

CPT Codes	Description	Total Number of Hospital Based Services by Code for SFY 2009
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report.	17
93016	Physician Supervision only, without interpretation or report.	12
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; Medical decision making of moderate complexity.	11
99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: a comprehensive history; a comprehensive examination; and Medical decision making of high complexity.	10
99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and Medical decision making of high complexity.	9
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; Medical decision making of moderate complexity.	8
99238	Hospital discharge day management; 30 minutes or less.	8
93510	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery: percutaneous.	8
99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: a detailed history; a detailed examination; and Medical decision making of moderate complexity.	7
93018	Stress test: interpretation and report only.	7
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and Medical decision making of moderate complexity.	6
99243	Office consultation for a new or established patient, which requires these 3 key components: a detailed history; a detailed examination; and Medical decision making of low complexity.	6
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, w/ interpretation and report.	6
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and Medical decision making of high complexity.	5
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography.	5

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Vendor Initials: _____

4. Top 30 Non-Hospital Based CPT/HCPCS Codes Rendered to New Hampshire Department of Corrections Inmates in SFY 2009

4.1. Table: Top 30 Non-Hospital Based CPT/HCPCS Codes Rendered New Hampshire Department of Corrections Inmates in SFY 2009

CPT Codes	Description	Total Non-Hospital Based Services Code for SFY 2009
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; Medical decision making of low complexity.	222
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only.	182
99243	Office consultation for a new or established patient, which requires these 3 key components: a detailed history; a detailed examination; and Medical decision making of low complexity.	152
71010	Radiologic examination, chest; single view, frontal.	104
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; Medical decision making of moderate complexity.	77
71020	Radiologic examination, chest, 2 views, frontal and lateral.	70
99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: a comprehensive history; a comprehensive examination; Medical decision making of high complexity.	66
A0427	Ambulance Service, Advanced Life Support, Emergency Transport, Level 1.	64
88305	Level IV - Surgical pathology, gross and microscopic examination.	62
70450	Computed tomography, head or brain; without contrast material	50
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and Medical decision making of moderate complexity.	42
99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: a detailed history; a detailed examination; and Medical decision making of moderate complexity.	41
74160	Computed tomography, abdomen; with contrast material(s)	40
73130	Diagnostic Radiology minimum of 3 views	39
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; Medical decision making of moderate complexity.	35
00810	Anesthesia for lower intestinal Endoscopic procedures.	35

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Vendor Initials: _____

4. Top 30 Non-Hospital Based CPT/HCPCS Codes Rendered to New Hampshire Department of Corrections Inmates in SFY 2009, Continued

4.1. Table: Top 30 Non-Hospital Based CPT/HCPCS Codes Rendered New Hampshire Department of Corrections Inmates in SFY 2009, Continued:

CPT Codes	Description	Total Non-Hospital Based Services by Code for SFY 2009
99244	Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and Medical decision making of moderate complexity.	34
A0429	Ambulance service, basic life support, emergency transport.	31
71260	Computerized tomography: thorax with contrast material.	28
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history: an expanded problem focused examination: Straightforward medical decision making.	28
93016	Physician Supervision only, without interpretation or report	27
G0202	Screening mammography, producing direct digital image, bilateral, all views	27
99242	Office consultation for a new or established patient, which requires these 3 key components: an expanded problem focused history: an expanded problem focused examination: and Straightforward medical decision making.	24
99212	Office or other outpatient visit for evaluation and management of an established patient, which requires at least 2 of these 3 components: a problem focused history; a problem focused examination; Straightforward medical decision making.	24
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; a comprehensive examination; Medical decision making of high complexity.	22
76870	Ultrasound, scrotum and contents.	22
99254	Inpatient consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and Medical decision making of moderate complexity.	21
73610	Radiography: Pelvic Region and Thigh complete, minimum 3 views.	20
73030	Radiography: Shoulder and Upper Arm complete, minimum of 2 views.	19

5. Special Notes:

- 5.1. These data sets are limited by Volume and only represent the highest of Volumes associated with our medical invoice processing and data provided on invoices received in the SFY 2009.
- 5.2. NH Department of Corrections acknowledges that the data sets are limited based on our ability to track and trend data outside of claims software and utilization software. The NH Department of Corrections figures will vary from Population, Transportation, Hospital and Non-Hospital Based service codes presented in this section of the RFP as needs arise.

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Vendor Initials: _____

The Vendor proposes to provide Inpatient and Outpatient Hospital/Medical Services for New Hampshire Department of Corrections (Department) inmates in conformance with all terms and conditions of this RFP.

The pricing information quoted by the Vendor in Exhibit B represents the total price for providing all services, materials and supplies according to the provisions and requirements specified in the RFP, which shall remain in effect until the Contract completion date as listed on the State Contract form P-37, version 1/09, section 1.7 - Completion Date.

AUTHORIZED SIGNATURE

DATE

NAME AND TITLE OF SIGNOR (Please Type)

THE VENDOR ASSUMES ALL RISKS THAT ACTUAL FUTURE FIGURES MAY VARY DUE TO INCREASES IN INMATE POPULATION.

If the NH Department of Corrections determines it is in the best interest of the State, it may seek a “*BEST AND FINAL OFFER*” from the Vendor(s) submitting acceptable and /or potentially acceptable proposals. The “*BEST AND FINAL OFFER*” would provide the Vendor(s) the opportunity to amend or change its original proposal to make it more acceptable to the State. NH Department of Corrections reserves the right to exercise this option.

If the NH Department of Corrections determines it is in the best interest of the State, it may seek a “*BEST AND FINAL OFFER*” which shall provide the NH Department of Corrections the opportunity to modify volume indicators, if applicable, identified in Exhibit B, of the RFP. Such request of the New Hampshire Department of Corrections would provide the Vendor(s) the opportunity to amend or change its original proposal(s) to make it more acceptable to the State. The NH Department of Corrections reserves the right to exercise this option.

Financial responsibility for preparation of proposals is the sole responsibility of the Vendor. The solicitation of the Vendors’ Proposal (Request for Proposals) shall not commit the Department to award a Contract.

Financial commitment by the NH Department of Corrections shall not occur until such time as the Governor and the Executive Council of the State of New Hampshire approve a Contract.

Vendor Initials: _____

1. Method of Payment:

- 1.1. Invoices shall be sent to the NH Department of Corrections, Financial Services, P.O. Box 1806, Concord, NH 03302-1806.
- 1.3. The NH Department of Corrections may make adjustments to the payment amount identified on a Vendor's invoice per RSA 623-C:2. The NH Department of Corrections shall suspend payment to an invoice if an invoice is not submitted in accordance with the instructions established by the NH Department of Corrections.
- 1.4. The NH Department of Corrections Bureau of Financial Services may issue payment to the Contractor within thirty (30) days of receipt of an approved invoice. Invoices shall be itemized by facility using industry standard forms (CMS 1500 and UB-40) and contain the following identifying information:
 - 1.4.1. invoice date and number;
 - 1.4.2. facility name and associated Contractor account number (if applicable) representing facility name;
 - 1.4.3. inmate name, inmate identification (ID) number, date of birth (DOB), date of service (DOS) and all other applicable fields per the industry standard form;
 - 1.4.4. itemized service/product total charge per service/product type;
 - 1.4.5. NH Department of Corrections prefers the Vendor to provide the associated adjustments per RSA 623-C:2 on claims submitted.
- 1.5. Payment shall be made to the name and address identified in the Contract as the "Contractor" unless: (a) the Contractor has authorized a different name and mailing address in writing or; (b) authorized a different name and mailing address in an official State of New Hampshire Contractor Registration Application Form; or (c) unless a court of law specifies otherwise. The Contractor shall not invoice federal tax. The State's tax-exempt certificate number is 026000618W.

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Vendor Initials: _____

Exhibit B
Method of Payment/Estimated Budget
Addendum

Vendor Initials: _____

1. There are no additional provisions set forth in this Exhibit C - Special Provisions, to be incorporated as part of this Contract.

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Vendor Initials: _____

**RSVP: LETTER OF INTENT TO ATTEND VENDOR'S CONFERENCE
TO CONTRACT WITH THE NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS
DIVISION OF MEDICAL AND FORENSIC SERVICES**

Required Letters of Intent to attend Vendor's Conference must be received at the NH Department of Corrections by the deadline below:

Check	Description	Deadline
<input type="checkbox"/>	Letter of Intent for Vendors Conference	No later than 10:00AM, EST on March 12, 2010

Letters of Intent can be faxed to 603-271-5639 and/or e-mailed to: jleeka@nhdoc.state.nh.us

To: NH Department of Corrections
Medical Operations Administrator
105 Pleasant Street
Concord, NH 03301

Re: Letter of Intent for RFP NHDOC 10-08-GFMED

APPLICANT INFORMATION

Legal Name of Agency:	
Officer Authorized to Sign a Contract:	
Street Address:	
City, State and Zip Code:	
Telephone:	
Fax:	
E-mail address:	
Contact Person and Title:	

I understand that proposals are due by 2:00 PM, EST on 4/2/2010 and will not be accepted after that time.

(to be signed by contact person listed above).

Please indicate below the RFP Number, RFP Name and Location of Service(s) for which your agency intends to submit a proposal(s) for:

RFP Number:	RFP Name:	Location of Service(s):

Vendor Initials: _____